

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends of Stewart Mills, Inc.			
ADDRESS (number and street) PO Box 1039			
CITY, STATE, and ZIP CODE Brainerd MN 56401			
2. NAME OF CANDIDATE Stewart Mills	3. OFFICE SOUGHT (State and District) House MN 08	4. FEC IDENTIFICATION NUMBER C00546739	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
BOLPAC 8001 IRVINE CENTER DR #400 IRVINE CA 92618	Transaction ID : 1021A Occupation	10/20/2014	2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE RIBBLE FOR CONGRESS PO BOX 7200 APPLETON WI 54912	Transaction ID : 1021B Occupation	10/20/2014	2000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE ROBERT HOVDE 21220 W MOUNTAIN COVE PLACE BUCKEYE AZ 85396	Transaction ID : 1021C Occupation	10/20/2014	5200.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE LARRY STOLTMAN 41971 SPILLWAY DR WINONA MN 55987	Transaction ID : 1021D Occupation	10/20/2014	2600.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE ANDREA KING 3 RED FOREST HTS NORTH OAKS MN 55127	Transaction ID : 102114E Occupation	10/20/2014	2600.00

SIGNATURE (optional) Diane Johnson <div style="text-align: right;">[Electronically Filed]</div>	DATE 10/21/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE RUSSELL KING 3 RED FOREST HTS NORTH OAKS MN 55127			
Name of Employer		Date (month, day, year) 10/20/2014	
Amount 2600.00		Transaction ID : 1021G Occupation	
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			